



State of Louisiana
REGIONAL CONTRACT PROGRAM (RCP)
Application and Certification of Residency

(Please *print*)

Check institution(s) where you will apply for admission:

Osteopathic Medicine

- ☐ Nova Southeastern College of Osteopathic Medicine (FL)

Podiatry

- ☐ Rosalind Franklin University of Medicine and Science Dr. William M. Scholl
College of Podiatric Medicine (IL)

Optometry

- ☐ Southern College of Optometry (TN)
☐ University of Alabama at Birmingham School of Optometry
☐ Northeastern State University College of Optometry (OK)
☐ University of Houston College of Optometry (TX)

Program effective term/year: (circle one)

Summer

Fall

Winter

Spring

20 _____
(year)

I. BIOGRAPHICAL INFORMATION

Name _____

Social Security # _____

Date of Birth _____

Permanent Louisiana Address _____

City/Town **State** **Zip Code**

Phone (_____) _____

Email address _____

How long have you lived at this address? _____

Email address _____

II. EDUCATIONAL INFORMATION

College(s) Attended and Degrees Earned

<u>COLLEGE</u>	<u>YEAR(s) ATTENDED</u>	<u>DEGREE EARNED</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. SUPPORTING DOCUMENTATION

Please submit photocopies of three current documents that indicate a permanent Louisiana address (e.g., home ownership, full-time/part-time employment, first page of state income tax return, first page of federal income tax return, motor vehicle registration, driver's license, voter registration card, utility bill, etc.).

PLEASE SIGN BELOW AND HAVE THIS APPLICATION **NOTARIZED** BEFORE RETURNING IT TO THIS OFFICE.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND UNDERSTAND THAT THE INFORMATION WILL BE USED IN REVIEWING MY ELIGIBILITY AS A LEGAL RESIDENT OF THE STATE OF LOUISIANA. I FURTHER UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT GUARANTEE CERTIFICATION AS AN RCP PARTICIPANT. I UNDERSTAND THAT THOSE DECISIONS ARE TO BE MADE BY THE RESPECTIVE INSTITUTION.

SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC (please be sure to affix seal to this document)

My Commission expires _____

PLEASE DO NOT FAX. THE ORIGINAL APPLICATION AND DOCUMENTATION MUST BE MAILED TO:

*Dr. Stephen C. Scott
Louisiana Board of Regents
Division of Academic Affairs
P.O. Box 3677
Baton Rouge, LA 70821-3677*